

Partial Hospitalization

Partial hospitalization is a program of outpatient active psychiatric treatment that's more intense than the care you get in a doctor's or therapist's office. In some cases, Medicare Part B will cover partial hospitalization. This type of treatment doesn't require an overnight stay. Medicare helps cover partial hospitalization services when they're provided through a hospital outpatient department or community mental health center.

For Medicare to cover a partial hospitalization program, you must meet certain requirements and your doctor must certify that you would otherwise need inpatient treatment. Your doctor and the partial hospitalization program must accept Medicare payment.

Co-Pays and Deductibles Mental Health Inpatient Stay

Days:	You pay:
1–60:	\$1,216 deductible for each benefit period
61–90:	\$304 coinsurance per day of each benefit period
91 and beyond:	\$608 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime)
Beyond lifetime reserve days:	All costs

Barbiturates and Benzodiazepines

Barbiturates and benzodiazepines are medications commonly used in the treatment of some mental health conditions, as well as epilepsy and cancer.

Beginning January 1, 2013, barbiturates for certain conditions and benzodiazepines will be allowed as Medicare Part D covered drugs. This means that if you are prescribed any of these medications, your Part D Plan might help cover them. Plans vary, so be sure to check with your Part D Plan to see which medications will be covered for you in 2013.

Need Extra Help?

If you can't afford your co-pays or deductible for your medications, there is a program that might help. For 2014, if you have a monthly income lower than \$1,479 and limited resources, you might qualify for Extra Help through Social Security. Limits are higher for married couples living together. For more information or to see if you qualify, contact SHIP.

What is SHIP?

SHIP helps answer your questions about Medicare, Medicare Supplement Insurance, Medicare Advantage, Medicaid, long term care insurance, prescription coverage and low-income assistance. SHIP provides tools and information to help you make decisions regarding your health care. We strive to help you be wise consumers and to get the most value for your health insurance dollars.

Your Guide to Mental Health Benefits and Medicare



LOCAL HELP FOR PEOPLE WITH MEDICARE

We can help.

The State Health Insurance Assistance Program (SHIP) provides free impartial health insurance information for people with Medicare.

1-800-452-4800

TTY 1-866-846-0139

www.medicare.in.gov

Mental health is an important aspect of every individual's wellbeing. Medicare's coverage for mental health services is changing and will begin offering increased coverage for some services and medications.

Medicare covers a one-time "Welcome to Medicare" preventive visit. This visit includes a review of your potential risk factors for depression. (Note: This visit is only covered if you get it within the first 12 months you have Part B.) You pay nothing if your doctor or other health care provider accepts Medicare assignment.

Medicare covers a yearly "Wellness" visit once every 12 months (if you've had Part B for longer than 12 months). You pay nothing if your doctor or other health care provider accepts Medicare assignment.

Medicare covers one depression screening per year. The screening must be done in a primary care doctor's office or primary care clinic that can provide follow-up treatment and referrals. You pay nothing if your doctor or other health care provider accepts Medicare assignment.

Inpatient Mental Health Services

If you receive inpatient mental health services, Medicare Part A helps pay. These services can be either in a general hospital or in a psychiatric hospital that only cares for people with mental health conditions. If you're in a psychiatric hospital, Part A only pays for up to 190 days of inpatient freestanding psychiatric hospital services during your lifetime.

What You Will Pay...

Medicare measures your use of hospital services (including services you get in a freestanding psychiatric hospital) and skilled nursing facility (SNF) services in benefit periods. A benefit period begins the day you're

admitted as an inpatient in a hospital or in a SNF. The benefit period ends after you haven't had any inpatient hospital care or skilled care in a SNF for 60 days in a row. If you go into a hospital or SNF again after 60 days, a new benefit period begins, and you must pay a new deductible for any inpatient hospital services you get.

There is no limit to the number of benefit periods you can have for mental health care in a general hospital. You can also have multiple benefit periods when you get care in a freestanding psychiatric hospital, but there is a lifetime limit of 190 days.

Outpatient Mental Health Services

If you receive mental health services outside of the hospital, such as in a clinic, doctor's office, or hospital outpatient department, Medicare Part B typically helps pay for the following covered services:

- Individual and group psychotherapy.
- Diagnostic tests.
- Family counseling if the main purpose is to help with your treatment.
- Testing to make sure you're getting the services and treatment you need.
- Psychiatric evaluation.
- Medication management.
- Occupational therapy that's part of your mental health treatment.
- Certain prescription drugs that aren't usually "self administered".
- Individual patient training and education about your condition.

What You Will Pay...

After you pay your yearly Medicare Part B deductible, how much you pay for mental health services depends on whether the purpose of your visit is to diagnose your condition or to get treatment.

For outpatient treatment of your condition, you pay 20% of the Medicare-approved amount in 2014.